

400 Garden City Plaza, Suite 300
Garden City, New York 11530
(516) 742-4343 - Telephone
(516) 742-4366 - Facsimile
E-mail: interop@ssmp.com

**SCULLY, SCOTT, MURPHY
& PRESSER, P.C.**

Fax

RECEIVED
CENTRAL FAX CENTER

MAY 03 2007

To: Examiner Philip Robert Smith
Art Unit: 3739

From: John F. Vodopia, Esq.
Registration No.: 36,299

Fax: 571-273-8300

Pages: 30 pages including cover sheet

Phone: 571-272-6087

Date: November 29, 2006

Re: USSN: 10/792,237
Group Art Unit: 3739
Confirmation No: 4668
Our Docket: 17517

CC:

AMENDMENT UNDER 37 C.F.R. §1.111

The following is being filed with the U.S. Patent and Trademark Office via facsimile on May 3, 2007:

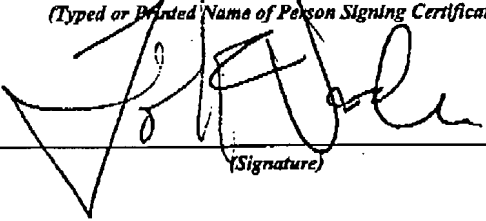
1. Certificate of Facsimile Transmission
2. Amendment Transmittal Letter (in Duplicate)
3. Amendment Under 37 C.F.R. §1.111
4. Authorization to Charge Deposit Account

Applicants: Manabu Fujita, et al.
Serial No.: 10/792,237
For: CAPSULAR MEDICAL SYSTEM
Filed: March 3, 2004
Docket: 17517
Dated: May 3, 2007
JFV:gc

CONFIDENTIALITY: The documents accompanying this facsimile transmission may contain information which is either confidential or legally privileged and is intended only for the authorized use of the individual or entity named above without right or publication or republication, dissemination or disclosure except as expressly set forth or established by course of dealing. All rights are reserved. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this facsimile is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for return of the documents.

If you have any problems concerning this facsimile, please call (516) 742-4343 and ask for Grace Colucci.

MAY 03 2007

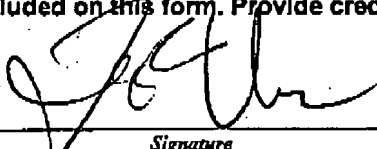
CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Manabu Fujita, et al.			17517
Application No.	Filing Date	Examiner	Group Art Unit
10/792,237	March 3, 2004	Philip Robert Smith	3739
Invention: CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION (As Amended)			
Confirmation No.: 4668			
I hereby certify that this <u>AMENDMENT UNDER 37 C.F.R. §1.111</u> <i>(Identify type of correspondence)</i>			
Is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>)			
on <u>May 3, 2007</u> <i>(Date)</i>			
<div>John F. Vodopia <i>(Typed or Printed Name of Person Signing Certificate)</i>  <i>(Signature)</i></div>			
Note: Each paper must have its own certificate of mailing.			

May. 3. 2007 5:33PM

RECEIVED
CENTRAL FAX CENTER

No. 0299 P. 4

MAY 03 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17517									
Applicant(s): Manabu Fujita, et al.														
Application No. 10/792,237	Filing Date March 3, 2004	Examiner Phillip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 4668									
Invention: CAPSULAR MEDICAL SYSTEM WITH WIRELESS COMMUNICATION (As Amended)														
COMMISSIONER FOR PATENTS:														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	18 -	20 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	14 -	14 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 Signature			Dated: May 3, 2007											
John F. Vopodia Registration No. 36,299 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____														
(Date)														
_____ Signature of Person Mailing Correspondence														
_____ Typed or Printed Name of Person Mailing Correspondence														
cc:														

May. 3. 2007 5:33PM

No. 0299 P. 5
RECEIVED
CENTRAL FAX CENTER
MAY 03 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Manabu Fujita, et al.

Examiner: Philip Robert Smith

Serial No: 10/792,237

Art Unit: 3739

Filed: March 3, 2004

Docket: 17517

For: CAPSULAR MEDICAL SYSTEM
WITH WIRELESS COMMUNICATION
(As Amended)

Dated: May 3, 2007

Confirmation No.: 4668

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action mailed from the Patent Office on January 3, 2007, the time for responding to which being extended one (1) month by the accompanying Petition For Extension of Time, applicants provide the following amendments and remarks.

An Amended Title of the Invention (In the Specification) is shown at page 2 of this paper;

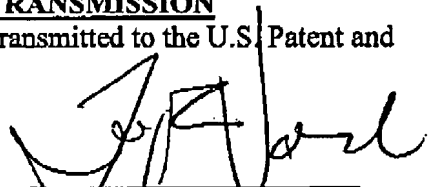
The Listing of Claims begins at page 3 of this paper; and

Remarks begin at page 11 of this paper.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date set forth below.

Dated: May 3, 2007


John F. Vodopia